

AMENDMENT TRANSMITTAL LETTER			Docket No. 36488-188318
Application No. 10/635,570-Conf. #8316	Filing Date August 7, 2003	Examiner C. M. Larose	Art Unit 2624

Applicant(s): Stephane Côté

Invention: **INTERACTIVE TOOL FOR REMOVAL OF ISOLATED OBJECTS ON RASTER IMAGES**

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	37	- 37 =	0	x 50.00	0.00
Independent Claims	5	- 5 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity

☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 22-0261
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Caroline J. Swindell
Attorney Reg. No.: 56,784

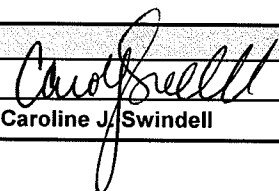
Dated: April 4, 2007

VENABLE LLP
P.O. Box 34385
Washington, DC 20043-9998
(703) 760-1676

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

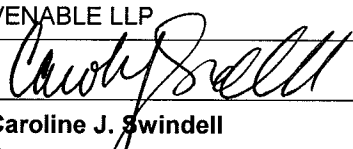
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/635,570-Conf. #8316
		Filing Date	August 7, 2003
		First Named Inventor	Stephane Côté
		Examiner Name	C. M. Larose
		Art Unit	2624
TOTAL AMOUNT OF PAYMENT		(\$) 0.00	Attorney Docket No. 36488-188318

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____			
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>22-0261</u>			Deposit Account Name: <u>Venable LLP</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments					
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims		
					Fee (\$) Fee Paid (\$)		
- 57 =		x	=				
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 8 =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =		/50		(round up to a whole number) x			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	56,784
Name (Print/Type)	Caroline J. Swindell	Telephone	(703) 760-1676
		Date	April 4, 2007

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/635,570-Conf. #8316
		Filing Date	August 7, 2003
		First Named Inventor	Stephane Côté
		Art Unit	2624
		Examiner Name	C. M. Larose
Total Number of Pages in This Submission		Attorney Docket Number	36488-188318

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form SB/17 <input type="checkbox"/> Transmittal Form <input checked="" type="checkbox"/> Amendment (10 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Amendment Transmittal Letter <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Caroline J. Swindell		
Date	April 4, 2007	Reg. No.	56,784

PATENT PROSECUTION RECEIPT OF FILING

138934

Venable Filing Number

Atty. Docket No: 36488-188318

Attorney/LAA: CJS:cja

PTO Due Date: April 10, 2007

Current Date: April 4, 2007

Title of Application:

INTERACTIVE TOOL FOR REMOVAL OF ISOLATED OBJECTS ON RASTER IMAGES

Application No: 10/635,570

Patent No. :

Filing Date: August 7, 2003

Issue Date:

The following items were received from Venable LLP, Washington, D.C.,
by the U.S. Patent & Trademark Office on the date stamped hereon:

- ☒ **Amendment Transmittal Letter**
- ☒ **Fee Transmittal Form SB/17**
- ____ New U.S. Patent Application
(pages of specification/claims)
- ☒ **Transmittal Form SB/21**
- ____ Rule 53(b) Continuation or Divisional Application
(attach copy of specification, claims, drawings and declaration)
- ____ U.S. National Stage Application of PCT Application
- ____ Request for Continued Examination (RCE) under 37 CFR 1.114
- ____ Application Data Sheet
- ____ Substitute Specification
- ____ Priority Document-Cert. Copy of
Appln.#: ; Country: ; Date Filed:
- ____ Formal Drawings (sheets, Figs.)
- ____ Inventor Declaration
- ____ Assignment w/Cover Sheet
- ____ Response to Notice to File Missing Parts
- ____ Response to Notice to File Missing Requirements
- ____ Response to Requirement
- ____ Information Disclosure Statement with cited references
- ____ Response
- ☒ **Amendment (10 pages)**
- ☒ **Yellow filing receipt**
- ____ Power of Attorney
- ____ Petition to Revive
- ____ Sequence Listing – CDR Enclosed? Yes No
- ____ Request for Non-Publication
- ____ Reply Brief (in triplicate) / Request for Oral Hearing
- ____ Confirmation of Hearing Petition
- ____ Issue Fee Transmittal
- ____ Certificate of Correction
- ____ Maintenance Fee Transmittal

Status Inquiry

Other: (Please describe below)

Reviewed By:

Signature of Attorney

U.S. PTO FEES ENCLOSED

____	Filing Fee
____	Surcharge Fee
____	Additional Claim Fee
____	Recordation/Indexing Fee
____	IDS Fee
____	Extension Fee
____	Notice of Appeal Fee
____	Brief on Appeal
____	Oral Hearing Request Fee
____	Petition Fee
____	Issue Fee
____	Publication Fee
____	Maintenance Fee
____	Other Fees (Describe)
0.00	Total Fees Paid

Charge the above fees as follows:

- ☐ **USPTO Deposit Account No.**
22-0261
- ☐ **USPTO Deposit Account No.**
- ☐ **USPTO not to charge any Deposit Account.**

Date